



Complete the yellow cells

## Travel Request and Authorization (TRA)

*This form is required for all overnight travel or if local registration is over \$1000 and must be approved in advance. Advances will not be issued for local expenses. ( Admin Guideline F-01).*

*TRA estimate expenses must be within 10% of Business Expense Stmt(BES).*

Name:	Michael Wilkes	Employee #		Department	CMO
Purpose of Travel:	LKM Meetings			Destination:	Garden City, Kansas
Departure Date:	6/5/25	Return Date:	6/6/25		
Comments:					
Sharing hotel room? Whom with:				E1 Budgeted Account #	

	Amount to City PCard	Amount to Vendor	Amount to Employee			
Registration:						
Airfare:				Lodging Rate	# days	15% Total
Lodging:	172.50			150.00 per day @	1	22.50 172.50
Car Rental:						
KCI Airport parking:						
Meals Overnight Travel <a href="#">Search for City - GSA.gov website</a>				Per Diem for Meals	Rate	# of days
<i>Enter Per Diem Rate (cell F21)</i>				Per Diem rate	68.00	2.0 136.00
M&IE Meal breakdown will auto populate				<b>M&amp;IE Breakdown - Deduct meals provided</b>		
				Breakfast	16.00	-
				Lunch	19.00	-
				Dinner	28.00	-
Per Diem for Meals:	<i>No receipts required</i>		136.00			
Private Vehicle Mileage:			495.80	740 Miles @	0.670 per mile	
Cab/Shuttle fares/ Tolls/Baggage fees:						
Fuel - City Vehicle:						
Other:				Describe: _____		

Amount Charge on City P Card	172.50
Amount to Vendors	-
<b>Travel Advance = Amount to Employee</b>	<b>631.80</b>
<b>TOTAL ESTIMATED EXPENSES</b>	<b>804.30</b>

ACH direct deposit rather than a check can be provided. Complete and submit - [AP ACH Form](#)

	Approved	Disapproved	Date
Employee Signature	<input type="checkbox"/>	<input type="checkbox"/>	
Division Manager Signature	<input type="checkbox"/>	<input type="checkbox"/>	
Department Director Signature	<input type="checkbox"/>	<input type="checkbox"/>	
City Manager Signature (if required)	<input type="checkbox"/>	<input type="checkbox"/>	